



Pool Reservation Form

Talbot County Department of Parks and Recreation

10028 Ocean Gateway

Easton, MD 21601

Phone: 410-770-8050

Rick Towle

Parks and Recreation, Director

TTY: 410-822-8735

Fax: 410-822-7107

George Murphy Community Pool

501 Port Street, Easton MD

410- 820-7306

Bay One Hundred Community Pool

911 South Talbot Street, St. Michaels, MD

410-745-6592

Applicants Name: _____ Group or Organization: _____

Address: _____

(Street)

(City)

(State)

(Zip)

Home Phone: _____ Work Phone: _____ Cell: _____

Email address: _____

Date of Party: _____ TIME: _____ Number of Patrons: _____ (swimmers) _____

Location: (please check one) George Murphy Pool: _____ Bay 100 Pool: _____

Pool Parties can be scheduled during the following times:

12:00 – 7:00 p.m.

** Birthday Party Packages available

7:00 – 9:00 p.m.

A \$50.00 **non-refundable** retainer is required at time of reservation. The balance is due 1 WEEK before the scheduled party. **Reservations must be made at least 1 week in advance.**

OF PATRONS

Total COST (includes retainer)

Up to 60 persons	(2 Lifeguards)	\$150.00
61 – 100 persons	(3 Lifeguards)	\$175.00
101 – 150 persons	(4 Lifeguards)	\$200.00
151 – 200 persons	(5 Lifeguards)	\$225.00
201 – 250 persons	(6 Lifeguards)	\$250.00
251 & above	(7 Lifeguards)	\$275.00

I acknowledge that I have a complete understanding of the potential risk associated with this activity, including injury and death, and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify, and agree to hold Talbot County, it's officers, agents, and employees, harmless from and against all liability, claims actions, suits, damages, loss, or injuries of any kind, nature, or description, including without limitation personal injuries and/or death, medical expenses, and economic damages arising or claimed as a result of any act or omission related to the program(s) offered by the Talbot County Department of Parks and Recreation or any affiliated program.

Signature of Applicant: _____ Date: _____

Type of Payment:

OFFICIAL USE ONLY

Cash: _____ Check #: _____ Date Received: _____ Received By: _____

Date Pool Manager was notified: _____ (by) Staff Initials: _____

Date Party was entered in book: _____ Manager Initials: _____